



Practitioner's Docket

U 013869-1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of Xiaohong ZHANG, et al

Serial No.: 10/049,333

Group No.: 1713

Filed: November 12, 2002

Examiner:

For: SILICONE RUBBER IN THE FORM OF A FINELY DIVIDED POWDER,
METHOD FOR THE PRODUCTION AND THE USE OF THE SAME

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
OCT 17 2003
TC 1700

AMENDMENT TRANSMITTAL

WARNING: Failure to file a complete response in compliance with § 1.135(c) leads to a reduction in patent term adjustment - See § 1.704(c)(7).

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

- ☐ a small entity. A statement:
☐ is attached.
☐ was already filed.
☒ other than a small entity.

CERTIFICATION UNDER 37 C.F.R. 1.8(a) and 1.10*
(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. 1.8(a)

37 C.F.R. 1.10*

- ☒ with sufficient postage as first class mail.

- ☐ as "Express Mail Post Office to Address"
Mailing Label No. _____ (mandatory)

TRANSMISSION

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Date: October 6, 2003

Signature

WILLIAM R. EVANS

(type or print name of person certifying)

10/10/2003 AADDFD1 00000054 10049333

01 FC:1251

110.00 OP

Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY		
	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	OR	Rate	Addit. Fee
Total	*	Minus	**	=	x \$ 9=	\$	x \$ 18=	\$
Indep.	*	Minus	***	=	x \$ 43=	\$	x \$ 86=	\$
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					+ \$145=	\$	+ \$290=	\$
					Total Addit. Fee	\$ ____	OR	Total Addit. Fee \$ ____

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

- (c) ☒ No additional fee for claims is required.

OR

- (d) ☐ Total additional fee for claims required \$ ____

FEE PAYMENT

5. ☒ Attached is a check in the sum of \$ 110
☐ Charge Account No. 12-0425 the sum of \$ ____
 A duplicate of this transmittal is attached.

FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account No. 12-0425.

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 12-0425

CJ Mass by [Signature] \$25.85 ✓

SIGNATURE OF PRACTITIONER

Reg. No. 30,086

CLIFFORD J. MASS

(type or print name of practitioner)

Tel. No. 212-708-1890

P.O. Address

Customer No. 00140

c/o Ladas & Parry
26 West 61 Street
New York, N.Y. 10023